

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047934

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 57

FILED JAN 4 1963

1. PLACE OF DEATH

a. COUNTY

Phelps

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. James

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

None

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Phelps

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWN

St. James

d. STREET
ADDRESS

416 E. Eldon

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Joseph

Middle

Wayne

Last

Satterfield

4. DATE
OF
DEATH

Month

Day

Year

December 22 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-10-1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR

Months Days

2 12

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

High Gate, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Newton W. Satterfield

13b. MOTHER'S MAIDEN NAME

Mollie Kinkeade

14. NAME OF HUSBAND OR WIFE

Esther

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

17. INFORMANT

Esther Satterfield St. James, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

0

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 22/ to December 22/ and last saw her alive on December 22, 1962
Death occurred at 7:15 P.M. 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. J. Hammler, M.D.

(Degree or title)

22b. ADDRESS

St. James, Mo.

22c. DATE SIGNED

12-25-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-25-1962

23c. NAME OF CEMETERY OR CREMATORY

High Gate Cemetery

23d. LOCATION (City, town, or county)

Maries Co., Missouri

(State)

24. FUNERAL DIRECTOR

25. ADDRESS

Jesse Gahr 200 H. James, Mo.

25. DATE RECD. BY LOCAL REG.

12-25-62

26. REGISTRAR'S SIGNATURE

Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address H. James, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.